Date: December 31, 2015

To: Ohio Health Partners

From: CareSource®

Subject: Healthchek (EPSDT) Claims Processing Guidelines

Effective on claims with a receipt date after January 31, 2016, in order to receive proper payment for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, you must use the appropriate preventive medicine CPT codes, diagnosis codes and EPSDT referral indicators. CareSource requires the referral field indicator (field 24h) be populated on EPSDT claims. **Claims missing this information will be denied.**

**Electronic Claims**

Completion of CRC02 and CRC03 are required for electronic claims. Select the response in Loop 2300 Segment CRC02, “Was an EPSDT referral given to the patient?” as follows:

- Enter “Y” in Loop 2300 Segment CRC02 if the service was an EPSDT, follow-up is required and a referral is made.
- Enter “N” in Loop 2300 Segment CRC02 if the service is an EPSDT and no follow-up services were required.

Select the condition indicators in Loop 2300 Segment CRC03. If response to CRC02 is “N”, use NU (Not Used). If response to CRC02 is “Y”, use one of the following:

- AV (Available – not used)
- S2 (Under treatment)
- ST (New services requested)

In addition, completion of SV111 is required for electronic claims to indicate EPSDT at the line level.

- Enter “Y” in each Loop 2400 Segment SV111 if the service was EPSDT.
- Enter “N” in each Loop 2400 Segment SV111 if the service was not EPSDT.
**Paper Claims**

Report the referral field indicator in field 24h for EPSDT services as follows:

**Lower, Unshaded Area:**
- Enter “E” if the service was related to EPSDT.
- Enter “F” if the service was related to family planning.
- Enter “B” if the service was related to both EPSDT and family planning.

**Upper, Shaded Area:**
If either “E” or “B” is entered in the lower, unshaded area, add the appropriate condition indicator in the upper, shaded area using one of the following:
- NU (No EPSDT referral was given)
- AV (Referral was offered, but the individual refused it)
- ST (New services requested)
- S2 (Under treatment)

Note: Use the following diagnosis as well as any specific condition related diagnosis codes, as applicable.

**Preventive Medicine**

**Diagnosis**
Age appropriate codes to be billed with a EPSDT (Healthchek) exam
- Routine infant (over 28-days-old) and child – well check up to age 17
- Health check for child under 8-days-old
- Health check for child 8- to 28-days-old
- Routine medical exam, age 18 and older
- Medical exam for administrative purposes
- Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc.
- Medical exam for surveys
- Other medical exam

**Preventive Medicine – Individual Counseling**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>99401</td>
<td>Counseling and risk reduction intervention, 15-minute discussion</td>
</tr>
<tr>
<td>99402</td>
<td>Counseling and risk reduction intervention, 30-minute discussion</td>
</tr>
<tr>
<td>99403</td>
<td>Counseling and risk reduction intervention, 45-minute discussion</td>
</tr>
<tr>
<td>99404</td>
<td>Counseling and risk reduction intervention, 60-minute discussion</td>
</tr>
<tr>
<td>99406</td>
<td>Behavior change smoking, three to 10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Behavior change smoking, &gt;10 minutes</td>
</tr>
<tr>
<td>97802</td>
<td>Medical nutrition individual, initial, each 15 minutes</td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition individual, subsequent, each 15 minutes</td>
</tr>
<tr>
<td>97804</td>
<td>Medical nutrition, group (two or more individuals), each 30 minutes</td>
</tr>
</tbody>
</table>

**New Patient Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99381</td>
<td>Initial well child visit, younger than 1-year-old</td>
</tr>
<tr>
<td>99382</td>
<td>Initial well child visit, age 1 to 4</td>
</tr>
<tr>
<td>99383</td>
<td>Initial well child visit, age 5 to 11</td>
</tr>
<tr>
<td>99384</td>
<td>Initial well child visit, age 12 to 17</td>
</tr>
<tr>
<td>99385</td>
<td>Initial well child visit, age 18 to 39</td>
</tr>
</tbody>
</table>
99354  Prolonged service, office (additional face-to-face care, 30 to 75 minutes)
99355  Prolonged service, office (additional face-to-face care after 75 minutes)

**Established Patient Service**
99391  Yearly well child visit, younger than 1-year-old
99392  Yearly well child visit, age 1 to 4
99393  Yearly well child visit, age 5 to 11
99394  Yearly well child visit, age 12 to 17
99395  Yearly physical exam, age 18 to 39

**Hearing Services**
All covered hearing services in accordance with Ohio Administrative Code (OAC) 5160-10-01 and payable per Appendix DD, OAC 5160-1-60
92551  Hearing test, limited study using headphones to verbally respond to sounds
92552  Hearing test, using earphones and an audiometer, more extensive
92553  Includes 92552 with the addition of sounds conducted through the patient’s facial bones
92567  Hearing test to check the eardrums (tympanometry)
92568  Acoustic reflex testing
92570  Acoustic emittance testing

**Developmental Screening**
96110  Limited developmental testing
96111  Developmental testing, extended

**Dental Services**
Providers are encouraged to refer children to a dentist starting at 2-years-old

**Vision Services**
A vision screening is a required component of the EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

**Other Physician Services**
All covered physician services in accordance with OAC 5160-4-01, 5160-5-01 or 5160-6-01

**Laboratory Services**
All covered lab services in accordance with OAC 5160-11-01 and payable per Appendix DD, OAC 5160-1-60

**Immunizations**
All covered immunization services in accordance with OAC 5160 as of April 2014
90471  Vaccine administration, IM, SQ, ID
90472  Vaccine administration, each additional vaccine
Vaccine administration, intranasal or oral
Vaccine administration, each additional vaccine, intranasal or oral
Hepatitis A, pediatric/adolescent, two dose schedule
Hepatitis A, pediatric/adolescent, three dose schedule
HIB, vaccine for booster only (covered by VFC only)
HIB vaccine prp,omp
HIB vaccine prp-t
Human papilloma virus (HPV) four valent
HPV two valent
Flu vaccine, split virus, no preserv ID
Flu vaccine, 6 to 35 months of age, no preserv ID (covered by VFC only)
Flu vaccine, no preserv ID, 3 years and older
Influenza, split virus, 6 to 35 months (covered by VFC only)
Flu vaccine, 3 years and older
Flu vaccine, live intranasal
Flu vaccine quad nasal
Flu vaccine trivalent IM
Flu vaccine quad IM, no previous ID 3 years and older
Flu vaccine quad 3 years and older
Pneumococcal conjugate, polyvalent, under 5-years-old (covered by VFC only)
Pneumococcal vaccine 13 val IM
Rotavirus vaccine (covered by VFC only)
Rotavirus vaccine, live, oral (covered by VFC only)
DTaP, age 7 and older
TDAP, age 7 and older
Tetanus immunization
MMR immunization
MMRV immunization
Poliomyelitis virus, inactivated, (IPV) subcutaneous (covered by VFC only)
TD preservative free, age 7 and older
TDAP, age 7 and older
Varicella (chickenpox), live
DTaP, Hepatitis B, IPV inactivated (covered by VFC only)
Pneumococcal vaccine
Meningococcal vaccine, SQ
Meningococcal vaccine, IM
Hepatitis B vaccine, under age 11 (covered by VFC only)
Hepatitis B HIB, combined vaccine (covered by VFC only)
Flu vaccines, pandemic (covered by VFC only)

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